Ethics of Medical Council of India it has been prescribed that a physician shall not give, solicit, or receive nor shall he offer to give, solicitor received, any gift, gratutiy, commission or bonus in consideration of or return for the referring, recommending or procuring by a physician of any person, specimen or material for diagnostic, or other study or work. The Medical Council of India or the State Medical Councils are empowered to award such punishment as deemed necessary or even removal of the name of any registered practitioner from the Register altogether or for a specified period in respect of any act of violation of the Code of Ethics which may be brought before it, after conducting an enquiry.

Male Technicians in Safdarjung Hospital

1231. SHRIGAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that in Safdarjung Hospital, many technicians e.g., screening, X-ray, Ultrasound etc., are male who undertake the tests for both male and female patients and females have to undress before such male technicians thereby subjecting them to traumatic embarrassment; and

(b) if so, the steps taken/contemplated to put a stop to this practice?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (b) X-ray of female patients are normally done by available female technicians. In the absence of female technicians, the investigation procedures are undertaken in the presense of female nursing staff. Screening, X-ray and ultrasound are undertaken by the doctors in the presence of female nursing staff who are posted permanently in the said department.

Medical Treatment for Retired Officers in CGHS Recognised Hospitals

1232. SHRI KAILASH JOSHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to allow the retired class-l officers to go direct for medical treatment in CHGS recognized hospitals in view of the difficulties being faced by them;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA):<a) to (c) as per the existing procedure, CGHS beneficiaries (both serving and pensioners) have the option of availing general/specialized treatment and diagnostic procedure at private hospitals/diagnostic centres recognised under CGHS after obtaining the recommendation regarding line of treatment from the specialist of CGHS/ Govt. nospital/CMO In-charge of the dispensary and prior permission from the concerned office/Department in the case of serving employees and from the CMO In-charge of CGHS dispensaries in the case of pensioner beneficiaries. In the case of emergency, the CGHS beneficiaries can go to any Govt./Private hospital directly without being referred to by the CGHS dispensaries and thereafter prefer claim for reimbursement of medical expenses to the Government.

There is no proposal at present to deviate from the above procedure and allow the retired-ctass-l Officers to go direrct for medical treatment in private hospitals recognised under CGHS.

High Infant Mortality Rate

1233. SHRI URKHAO GWARA BRAHMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for high Infant mortality rate of seventy per cent in Ind'ra after so much of achievements in the field of medical science; and

(b) Govemrterft's plan to reduce the IMR in the country particularly in Assam?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) As per the Samle Registration System the infant mortality rate has declined from 110 per thousand live births in 1980 to 66 per thousand live births in 2000. Major reasons for infant mortality include pre-mature Wrths, acute respiratory infections and vaccine preventable diseases like measles. Factors the contribute to high infant mortality include low literacy , and other social development indicators.